

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|--|-----------------------------------|--|--------------|----------|
| 1 Date of Request: <u>10-7-05</u> | | 2 Serial/Patent # <u>10/534193</u> | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
| | Filing | | | \$ |
| | Amendment | | | \$ |
| | Extension of Time | | | \$ |
| | Notice of Appeal/Appeal | | | \$ |
| | Petition | | | \$ |
| | Issue | | | \$ |
| | Cert of Correction/Terminal Disc. | | | \$ |
| | Maintenance | | | \$ |
| | Assignment | | | \$ |
| | Other | | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | | \$50.00 |
| | | 8 TO BE REFUNDED BY: | | |
| | | Treasury Check | | |
| | | Credit Deposit A/C #: | | |
| | | 9 5 0 -- 0 8 7 2 | | |
| 10 REASON: | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | |
| <input type="checkbox"/> | Duplicate Payment | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | |
| | | | | |
| | | | | |
| | | | | |
| 11 REFUND REQUESTED BY: | | | | |
| TYPED/PRINTED NAME: <u>Barbara Campbell</u> | | TITLE: _____ | | |
| SIGNATURE: <u>BAC</u> | | PHONE: _____ | | |
| OFFICE: <u>PTO/DO/EO</u> | | | | |
| <small> Repln. Ref: 10/07/2005 BCAMPBEL 0013101289 ***** FC: 9204 ***** \$50.00 CR </small> | | | | |
| THIS SPACE RESERVED FOR FINANCE USE ONLY: | | | | |
| APPROVED: _____ | | DATE: _____ | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**